
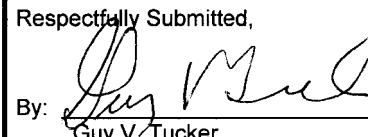


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|  |                                     |                                       |  |              |               |                |
|--|-------------------------------------|---------------------------------------|--|--------------|---------------|----------------|
| In re application of: Paboojian et al.<br><br>Application No: 09/731,318<br><br>Confirmation No: 1028<br><br>Filed: December 6, 2000<br><br>Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS   |                                     |                                       | Group No: 3734<br><br>Examiner: Mendoza, Michael G.<br><br>Attorney Docket No: 53246-US-CNT[2]<br>(NV.0050.01)<br><br>February 17, 2011<br>San Francisco, California 94107   |              |               |                |
| Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450   |                                     |                                       | <b>Extension of Time</b><br><input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  |              |               |                |
| <b>Via EFS</b><br><br><input checked="" type="checkbox"/> Response to Non-Final Office Action<br><input type="checkbox"/> Request for Continued Examination (R.C.E.)<br><input type="checkbox"/> Notice of Appeal (form PTO/SB31)<br><input type="checkbox"/> Drawings<br><input type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> PTO-SB08 Form<br><input type="checkbox"/> Citations<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Postcard for Return |                                     |                                       | Extension (Months)   |              | Extension Fee |                |
|  |                                     |                                       |  |              | Large Entity  | Small Entity   |
|  |                                     |                                       | <input type="checkbox"/> One Month   |              | \$130.00      | \$65.00        |
|  |                                     |                                       | <input type="checkbox"/> Two Months  |              | \$490.00      | \$245.00       |
|  |                                     |                                       | <input type="checkbox"/> Three Months  |              | \$1,110.00    | \$555.00       |
|  |                                     |                                       | <b>Total \$0.00</b>  |              |               |                |
|  |                                     |                                       | <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. |              |               |                |
| <b>Fees for Extra Claims</b>   |                                     |                                       |  |              |               |                |
|  | Claims remaining<br>after amendment | Highest number<br>previously paid for | Number Extra   | Rate         |               | Additional Fee |
|  |                                     |                                       |  | Large Entity | Small Entity  |                |
| Total Claims   | 18                                  | 34                                    | 0  | \$52.00      | \$26.00       | \$0.00         |
| Independent Claims   | 3                                   | 3                                     | 0  | \$220.00     | \$110.00      | \$0.00         |
| Multiple Dependent Claims  |                                     |                                       | 0  | \$390.00     | \$195.00      | \$0.00         |
| Supplemental Information<br>Disclosure Statement   |                                     |                                       |  |              |               |                |
| <b>Total</b>   |                                     |                                       |  |              |               | <b>\$0.00</b>  |
| <b>Fee Payment</b>   |                                     |                                       | <b>Fee Deficiency</b>  |              |               |                |
| Extension of Time<br>\$0.00  |                                     |                                       | <input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> .<br>and/or  |              |               |                |
| Fee for Extra Claim(s)<br>\$0.00   |                                     |                                       | <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .  |              |               |                |
| <b>Total</b><br>\$0.00   |                                     |                                       |  |              |               |                |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00.<br><input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.  |                                     |                                       | Please direct telephone calls to: Guy V. Tucker at (415) 538-1555.   |              |               |                |
| <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b><br>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:   |                                     |                                       | Please continue to send correspondence to:<br><b>NOVARTIS</b><br>Corporate Intellectual Property<br>One Health Plaza 104/3<br>East Hanover, NJ 07936-1080  |              |               |                |
| By:  Date: February 17, 2011<br>Melanie Hitchcock   |                                     |                                       | Respectfully Submitted,<br><br>By: Guy V. Tucker<br>Registration No. 45,302<br>Date: February 17, 2011   |              |               |                |